## **EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies):	San Diego		Fiscal Year:	2005-06
Program Workplan #:	A-7		Date:	2/28/06
Program Workplan Name: I	Mental Health & Primary Care Services Integration		Page:	1 of 9
Type of Funding: _	3. Outreach and Engagement		Months of Operation:	3
	Proposed Total Client Capacity of Program/Service: _	175	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service: _	0	Prepared by:	Michelle Peterson
Client	Capacity of Program/Service Expanded through MHSA: _	175	Telephone Number:	(619) 563-2715

b. Travel and Transportation c. Housing l. Mester Leases li. Subscribes lii. Vouchers N. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) l. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures 4. Program Additional Interpreter Services 5. Travelation and Interpreter Services 6. Travel and Transportation 7. Medication and Medical Supports 9. Other Operating Expenditures 8. Reart, Utilities and Equipment 1. Medication and Medical Supports 9. Other Operating Expenditures 8. So	Client Capacity of Program/Service Expanded through MHSA	:1/5		Telephone Number:	(010) 000 2710
1. Client, Family Member and Caregiver Support Expenditures a. Clothing, Food and Hygone b. Time and Transportation c. Housing i. Master Leases ii. Subsidies iii. Vouchers iv. Other Fousing d. Employment and Education Supports e. Other Support Expenditures i. Country Support Expenditures i. Total Support Expenditures c. Other Support Expenditures c. Country Extended Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures c. Total Personnel Expenditures c. Travel and Transportation d. General Expenditures c. Travel and Transportation d. General Office Expenditures c. Travel and Transportation d. General Office Expenditures c. Rent, Utilities and Equipment d. Medication and Medical Support d. Other Portaining Expenditures c. Total Program Management a. Existing Program Management b. New Program Management c. Total Program Management b. New Program Management c. Total Program Management c. Total Program Management d. Sites General Funds c. Total Program Management d. Sites General Funds c. Total Program Management d. Sites General Funds c. Country Funds c. Grams c. Total Program Management d. Sites General Funds c. Country Funds c. Grams c. Total Program Management d. Sites General Funds d. Country Funds c. Grams c. Other Revenues a. Medi-Cal (FFP only) b. Microard-Painer Fees-Painer Insurance c. State General Funds d. Charles c. Total Program Management d. Sites General Funds d. Charles c. Total Program Management c. Total Program Management d. Sites General Funds d. Charles c. Total Program Management d. Sites General Funds d. Charles c. Total Program Management d. Sites General Funds d. Charles d. C			Governmental	Health Contract	Total
a. Clothing, Food and Hygime b. Travel and Transportation c. Housing 1. Matter Leases ii. Subdictive iii. Vouchess	A. Expenditures				
b. Travel and Transportation c. Housing 1. Meater Leases 1. Subsidies 1. Vouchers 1. Vouchers 1. Vother Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 3. Current Existing Pressonnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures 4. Program Management 5. Medication and Medical Supports 9. Other Operating Expenditures 4. Rest, Utilities and Equipment 6. New Program Management 7. New Program Management 8. Existing Program Management 8. Settinated Total Expenditures when service provider is not known 3175,000 5175,0 6. Total Proposed Program Budget 5. Estimated Total Expenditures when service provider is not known 7. Settinated Total Expenditures 8. Revenues 8. New-Young Management 9. Settinated Total Expenditures when service provider is not known 8. Settinated Total Expenditures when service provider is not known 9. Settinated Total Expenditures 9. Settinated Total Expenditures 9. Settinated Total Expenditures 9. Settinated Content of Setting Revenues 9. Setting Revenues 9. S	Client, Family Member and Caregiver Support Expenditures				
b. Travel and Transportation c. Housing l. Mester Leases li. Subscribes lii. Vouchers N. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) l. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures 3. Personnel Expenditures 4. Personnel Expenditures 5. Travel and Transportation 6. General Office Expenditures 6. Rent, Utilities and Equipment 7. Medication and Medical Supports 9. Other Operating Expenditures 8. Rent, Utilities and Equipment 8. Existing Program Management 8. Existing Program Management 8. Existing Program Management 9. Set Existing Collection and Set	a. Clothing, Food and Hygiene				\$0
a. Housing i. Master Lesses ii. Subsidies iii. Vouchors ii	b. Travel and Transportation				\$0
i. Master Leases ii. Subsidies iii. Vouchars ii. Vouchars iii. Vouchars					
ii. Subsidies iii. Vouchers iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Translation and Interpreter Services c. Translation and Interpreter Services d. Translation and Interpreter Services d. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenditures d. Rent, Utilities and Equipment f. Medication and Medical Supports d. Program Management a. Existing Program Management b. New Program Management c. Total Program Management b. New Program Management c. Total Program Management b. New Program Management c. Total Program Management d. Statis Program Management d. Statis Program Management c. Total Program Management d. Statis Program Management d. Statis Program Management for the Staffing Program Management d. Statis General Fruids d. Grants g. Other Revenue a. Med-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Fruids d. Grants g. Other Revenue a. Med-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Fruids d. Other Revenue a. Med-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Fruids d. Other Revenue e. Total New Revenue 5 0 50 50 50 50 50 50 50 50 50 50 50 50 50 5					\$0
iii. Vouchers iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) 1. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenditures  a. Existing Program Management a. Existing Program Management b. New Program Management c. Total Program Management d. State General Funds d. County Finds f. Grants g. Other Revenue a. Medi-Cali (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue a. Medi-Cali (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue a. Medi-Cali (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue a. Medi-Cali (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Total New Revenue a. Medi-Cali (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Total New Revenue a. Total New Re					\$0
II. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) 1. Trotal Support Expenditures 2. Personnel Expenditures 3. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Trotal Personnel Expenditures 3. Other Personnel Expenditures 3. Other Personnel Expenditures 3. Other Personnel Expenditures 3. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures 9. Other Operating Expenditures 9. Settimated Total Expenditures when service provider is not known 9. Str5.00 9.	iii. Vouchers				\$0
d. Employment and Education Supports e. Other Support Expenditures Total Support Expenditures So. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0	iv. Other Housing				<u>\$0</u>
e. Other Support Expenditures provide description in budget narrative)  1. Total Support Expenditures  a. Current Existing Personnel Expenditures (from Staffing Detail)  b. New Addisional Personnel Expenditures (from Staffing Detail)  c. Employee Benefits  d. Total Personnel Expenditures  3. Operating Expenditures  a. Professional Services  b. Translation and Interpreter Services  c. Travel and Transportation  d. General Office Expenditures  e. Rent, Utilities and Equipment  f. Medication and Medical Supports  g. Other Operating Expenditures  4. Program Management  a. Existing Program Management  b. New Program Management  c. Total Program Management  c. Total Program Management  5. Estimated Total Expenditures when service provider is not known  5. Total Propram Management  c. Total Propram Management  1. Existing Program Management  c. Total Propram Management  c. Total Propram Benefit Profix  b. Medic-Cal (FFP only)  b. Medicare/Patient Fee/Patient Insurance  c. Realignment  d. State General Funds  e. County Funds  1. Crants  g. Other Revenue  a. Medi-Cal (FFP only)  b. Medicare/Patient Fee/Patient Insurance  c. State General Funds  d. Other Revenue  e. Total New Revenue  a. Medi-Cal (FFP only)  b. Medicare/Patient Fee/Patient Insurance  c. State General Funds  d. Other Revenue  e. Total New Revenue  a. Total New Revenue  a. Total New Revenue  s. So. So. So.					\$0
1. Total Support Expenditures   \$0   \$0   \$0   \$0					<u>\$0</u>
a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures s. So. \$0. \$0.  3. Operating Expenditures a. Proflessional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures  4. Program Management a. Existing Porgram Management b. New Program Management c. Total Program Management s. Total Program Management s. Existing Porgram Management b. New Program Management c. Total Program Management c. Total Program Management s. Existing Revenues s. A. Medicater/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues s. Medicater/Patient Fees/Patient Insurance c. State General Funds d. County Funds f. Grants g. Other Revenue h. Total Existing Revenues s. Medicater/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. County Funds f. Grants s. Other Revenue e. Total New Revenue s. So. So. So. So. So. So. So. So. So. So		\$0	\$0	\$0	\$0
b. New Additional Personnel Expenditures  c. Employee Benefits d. Total Personnel Expenditures  s. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide rent of the provided in the provid					
C. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenditures h. Total Operating Expenditures s. So. So. So. So. So. So. So. So. So. So	a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
d. Total Personnel Expenditures   \$0   \$0   \$0   \$0   \$0   \$0   \$0   \$	b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
d. Total Personnel Expenditures   \$0   \$0   \$0   \$0   \$0   \$0   \$0   \$	c. Employee Benefits				\$0
a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expensitures 2. Existing Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Sestimated Total Expenditures when service provider is not known 5. Estimated Total Expenditures when service provider is not known 5. Estimated Total Expenditures when service provider is not known 5. Lexisting Revenues 1. Existing Revenues 1. Existing Revenues 2. Revenues 3. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues 3. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Cher Revenue 4. Cal Revenues 5. So \$0 5.		\$0	\$0	\$0	\$0
b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenditures s. Operating Expenditures	3. Operating Expenditures				
c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures  4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management so	a. Professional Services				\$0
d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures  4. Program Management 5. New Program Management 5. New Program Management 5. New Program Management 6. Total Program Management 7. Total Program Management 80 \$0 \$0  5. Estimated Total Expenditures when service provider is not known 8175,000  5. Total Proposed Program Budget 8175,000  5. Existing Revenues 1. Existing Revenues 1. Existing Revenues 1. Existing Revenues 1. Existing Revenues 2. Realignment 3. State General Funds 6. County Funds 7. Grants 7. Other Revenue 1. Total Existing Revenues 2. New Revenues 3. Medi-Cal (FFP only) 5. Medicare/Patient Fees/Patient Insurance 6. C. State General Funds 7. Other Revenue 8. A Medi-Cal (FFP only) 8. Other Revenue 8. A Medi-Cal (FFP only) 8. Other Revenue 9. A Medi-Cal (FFP only) 8. Other Revenue 9. O	b. Translation and Interpreter Services				\$0
e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expensitives h. Total Operating Expenditures  s. Existing Program Management a. Existing Program Management b. New Program Management c. Total Program Management s. Total Proposed Program Management b. New Program Management c. Total Proposed Program Management s. Total Proposed Program Management s. Estimated Total Expenditures when service provider is not known s. Total Proposed Program Budget s. Existing Revenues 1. County Funds 1. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue h. Total Existing Revenues S. So. So. So. So. So. So. So. So. So. S	· ·				\$0
f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) s. Existing Program Management c. Total Program Management s. New Program Management s. So s	d. General Office Expenditures				\$0
g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures  4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget  8. Revenues  1. Existing Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues  2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 8. So So So 9. S	e. Rent, Utilities and Equipment				
h. Total Operating Expenditures	f. Medication and Medical Supports				\$0
h. Total Operating Expenditures	g. Other Operating Expenses (provide description in budget narrative)				\$0
a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget 8. Revenues  1. Existing Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue  9. \$0 9.	h. Total Operating Expenditures	\$0	\$0	\$0	\$0
b. New Program Management   c. Total Program Management   \$0 \$0 \$0     5. Estimated Total Expenditures when service provider is not known   \$175,000 \$ \$0 \$ \$175,00 \$ \$0	4. Program Management				
So   So   So   So   So   So   So   So	a. Existing Program Management				\$0
5. Estimated Total Expenditures when service provider is not known         \$175,000         \$175,000           6. Total Proposed Program Budget         \$175,000         \$0         \$0           B. Revenues         1. Existing Revenues         2. Medicare/Patient Fees/Patient Insurance         2. Realignment         2. State General Funds         3. State General Funds         4. Medi-Cal (FFP only)         50         \$0	b. New Program Management				<u>\$0</u>
6. Total Proposed Program Budget \$175,000 \$0 \$0 \$175,000  B. Revenues  1. Existing Revenues  a. Medi-Cal (FFP only) b. Medicarer/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicarer/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue  9. \$0 \$0 \$0  \$0	c. Total Program Management		\$0	\$0	\$0
B. Revenues   1. Existing Revenues   a. Medi-Cal (FFP only)	5. Estimated Total Expenditures when service provider is not known	\$175,000			\$175,000
1. Existing Revenues  a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues  2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue  9. \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	6. Total Proposed Program Budget	\$175,000	\$0	\$0	\$175,000
a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues  a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue  e. Total New Revenue  3. Total Revenues  3. Total Revenues  3. Total Revenues  3. So 3. So 3. So 3. Total Revenues  3. So 3. S	B. Revenues				
b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue  80 90 90 90 90 90 90 90 90 90 90 90 90 90	1. Existing Revenues				
c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues  2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue  3. Total Revenues  5. \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	a. Medi-Cal (FFP only)				\$0
d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues  2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue  9. Total Revenues  3. Total Revenues  50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	b. Medicare/Patient Fees/Patient Insurance				\$0
e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue  90 \$0 \$0  3. Total Revenues \$0 \$0 \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$	c. Realignment				\$0
f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3. Total Revenue  3. Total Revenues  C. One-Time CSS Funding Expenditures  \$80,769  \$80,769	d. State General Funds				\$0
g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3. Total Revenues  C. One-Time CSS Funding Expenditures  \$80,769 \$0 \$0 \$80,769	e. County Funds				\$0
h. Total Existing Revenues \$0 \$0 \$0  2. New Revenues  a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue \$0 \$0 \$0  3. Total Revenues \$0 \$0 \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$	f. Grants				
2. New Revenues         a. Medi-Cal (FFP only)         b. Medicare/Patient Fees/Patient Insurance         c. State General Funds         d. Other Revenue         e. Total New Revenue         3. Total Revenues         \$0 <tr< td=""><td>g. Other Revenue</td><td></td><td></td><td></td><td><u>\$0</u></td></tr<>	g. Other Revenue				<u>\$0</u>
a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3. Total Revenues  C. One-Time CSS Funding Expenditures  \$80,769	h. Total Existing Revenues	\$0	\$0	\$0	\$0
b. Medicare/Patient Fees/Patient Insurance	2. New Revenues				
c. State General Funds       1         d. Other Revenue       2         e. Total New Revenue       \$0       \$0         3. Total Revenues       \$0       \$0         C. One-Time CSS Funding Expenditures       \$80,769       \$80,769	a. Medi-Cal (FFP only)				\$0
d. Other Revenue       \$0       \$0       \$0         e. Total New Revenue       \$0       \$0       \$0         3. Total Revenues       \$0       \$0       \$0         C. One-Time CSS Funding Expenditures       \$80,769       \$80,769	b. Medicare/Patient Fees/Patient Insurance				\$0
e. Total New Revenue         \$0         \$0         \$0           3. Total Revenues         \$0         \$0         \$0           C. One-Time CSS Funding Expenditures         \$80,769         \$80,769	c. State General Funds				\$0
3. Total Revenues         \$0         \$0         \$0           C. One-Time CSS Funding Expenditures         \$80,769         \$80,769	d. Other Revenue				<u>\$0</u>
C. One-Time CSS Funding Expenditures \$80,769 \$80,769	e. Total New Revenue	\$0	\$0	\$0	\$0
	3. Total Revenues	\$0	\$0	\$0	\$0
D. Total Funding Requirements \$255,769 \$0 \$0 \$255,769	C. One-Time CSS Funding Expenditures	\$80,769			\$80,769
\$ 1. The state of			\$0	\$0	\$255,769
E. Percent of Total Funding Requirements for Full Service Partnerships 0.0		, , , , ,	,,,	,,,	0.0%

# EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

2005-06	Fiscal Year:		San Diego	County(ies):
2/28/06	Date:		A-7	Program Workplan #:
2 of 9	Page:	gration_	Mental Health & Primary Care Services Inte	Program Workplan Name:
3	Months of Operation:		3. Outreach and Engagement	Type of Funding:
New	New Program/Service or Expansion:	175	Total Client Capacity of Program/Service: _	Proposed
Michelle Peterson	Prepared by:	0	isting Client Capacity of Program/Service: _	Ex
(619) 563-271	Telephone Number:	175	rogram/Service Expanded through MHSA:	Client Capacity of P

A. Current Existing Positions	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
	\$0 \$0 \$0 \$0 \$0 \$0 \$0
	\$0 \$0 \$0 \$0 \$0 \$0
	\$0 \$0 \$0 \$0 \$0
	\$0 \$0 \$0 \$0
	\$0 \$0 \$0
	\$0 \$0
	\$0
	\$0
	\$0
	\$0 \$0
	<u>\$0</u>
Total Current Existing Positions 0.00 0.00	\$0
B. New Additional Positions	
Mental Health Clinician, Licensed Provides Mental Health Services 2.13	\$0
Psychiatrist Provides Medication Support and Monitoring 0.25	\$0
These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program go	
	\$0
	\$0
	\$0 \$0
	\$0 \$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0 <u>\$0</u>
Total New Additional Positions 0.00 2.38	<u>\$0</u> \$0
C. Total Program Positions 0.00 2.38	\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

# Mental Health Services Act CSS Budget Narrative

County(ies): San Diego Fiscal Year: 2005-06 Page: 3 of 9

Program Workplan #: A-7 Date: 02/28/06

Program Workplan Name: Mental Health & Primary Care Services Integration

Type of Funding: 3. Outreach and Engagement New Program/Service or Expansion: New

Line #	<u>Amount</u>	Description / Justification
A.5	\$175,000	This is a new program which will attempt to integrate mental health care with physical health care. The Council of Community Clinics has been selected as the provider for this program; however the actual contract negotiations and provider sub-contracts have not yet occurred. The estimated total expenditures were derived by calculating the average cost per client for similar fee-for-service outpatient services among existing community clinic providers times the number of clients expected to be served in the fiscal year. 5% of the program's total costs will be budgeted for ongoing Medication costs. This budget is for 3 months beginning April 1, 2006 - June 30, 2006.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population.
С	\$80,769	One-Time CSS Funding Expenditures are the sum of the following:
	\$80,769	One-time CSS funding for start-up and implementation expenditures for this program are equivalent to 6 weeks of service operations. Our County has used this method before with new programs and based on our past experience the equivalent of 6 weeks of funding seems to be a sufficient amount for Contractors to purchase most of the equipment and supplies needed for a new program. Start-up funds are budgeted to purchase equipment such as computer hardware, software, cell phones, copier, fax, furniture and other office equipment and transportation and medication for clients (if needed). Additionally, these funds may be used to secure or expand office space including possible leasehold improvements. Implementation funds are also needed for program staff to recruit, hire, and train personnel and will be used to develop initial program outreach strategies to get this program up and running. These start-up costs will be expended in the fourth quarter of FY 05-06 between April 1, 2006 - June 30,2006.
D	\$255,769	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

## **EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies):	San Diego		Fiscal Year:	2006-07
Program Workplan #:	A-7		Date:	2/28/06
Program Workplan Name:	Mental Health & Primary Care Services Integration		Page:	4 of 9
Type of Funding:	3. Outreach and Engagement		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	700	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client	Capacity of Program/Service Expanded through MHSA:	700	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0 \$0
2. Personnel Expenditures	ψ0	ΨΟ	ΨΟ	Ψ
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
				\$0 \$0
c. Employee Benefits d. Total Personnel Expenditures	\$0	\$0	\$0	\$0 \$0
3. Operating Expenditures	Φ0	ΦΟ	Φ0	Φ0
				<b>\$</b> 0
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$700,000	***	***	\$700,000
6. Total Proposed Program Budget	\$700,000	\$0	\$0	\$700,000
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$700,000	\$0	\$0	\$700,000
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

# **EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies):	San Diego		Fiscal Year:	FY 06-07
Program Workplan #:	A-7		Date:	2/28/06
Program Workplan Name:	Mental Health & Primary Care Services Inte	gration	Page:	5 of 9
Type of Funding:	3. Outreach and Engagement		Months of Operation:	12
Proposed	I Total Client Capacity of Program/Service:	700	New Program/Service or Expansion:	New
E	xisting Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client Capacity of P	 Program/Service Expanded through MHSA:	700	Telephone Number:	(619) 563-271

Classification	Function	Client, FM &	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		<u>\$0</u> \$0
	Total Current Existing Positions	0.00	0.00		Φυ
B. New Additional Positions					
· ·	Provides Mental Health Services		8.50		\$0
	Provides Medication Support and Monitoring his workplan. However, the contractor shall pro	nose the specific	1.00		\$0
These stan positions are a likely profile for the	lis workplan. However, the contractor shall pro		stanning for this pro	gram to best meet the	\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					<u>\$0</u>
	<b>Total New Additional Positions</b>	0.00	9.50		\$0
C. Total Program Positions		0.00	9.50		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

# Mental Health Services Act CSS Budget Narrative

County(ies): San Diego Fiscal Year: 2006-07 Page: 6 of 9

Program Workplan #: A-7 Date: 02/28/06

Program Workplan Name: Mental Health & Primary Care Services Integration

Type of Funding: 3. Outreach and Engagement New Program/Service or Expansion: New

Line #	Amount	<u>Description / Justification</u>
A.5	\$700,000	This is a new program which will attempt to integrate mental health care with physical health care. The Council of Community Clinics has been selected as the provider for this program; however the actual contract negotiations and provider sub-contracts have not yet occurred. The estimated total expenditures were derived by calculating the average cost per client for similar fee-for-service outpatient services among existing community clinic providers times the number of clients expected to be served in the fiscal year. 5% of the program's total costs will be budgeted for ongoing Medication costs. This budget is for 12 months beginning July 1, 2006 - June 30, 2007.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
D	\$700,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

## **EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	A-7		Date:	2/28/06
Program Workplan Name:	Mental Health & Primary Care Services Integration		Page:	7 of 9
Type of Funding:	3. Outreach and Engagement		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service: _	700	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service: _	0	Prepared by:	Michelle Petersor
Clien	t Capacity of Program/Service Expanded through MHSA:	700	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
1				
e. Other Support Expenditures (provide description in budget narrative)	\$0	\$0	\$0	<u>\$0</u> \$0
f. Total Support Expenditures	Φ0	ΦΟ	Φ0	20
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$700,000			\$700,000
6. Total Proposed Program Budget	\$700,000	\$0	\$0	\$700,000
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	
2. New Revenues	Ψ	ΨΟ	Ψ	Ψ
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	•	••	**	<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$700,000	\$0	\$0	\$700,000
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

# EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

	County(ies):	San Diego		Fiscal Year: _	FY 07-08
Progra	am Workplan #:	A-7		Date:_	2/28/06
Program W	/orkplan Name:	Mental Health & Primary Care Services Int	egration_	Page:_	8 of 9
T	ype of Funding:	3. Outreach and Engagement		Months of Operation:	12
	Proposed	Total Client Capacity of Program/Service: _	700	New Program/Service or Expansion:	New
	Ex	isting Client Capacity of Program/Service:	0	Prepared by:	Michelle Petersor
Clien	nt Canacity of Pr	ogram/Service Expanded through MHSA:	700	Telephone Number	(619) 563-2715

Classification	Function	Client, FM & CG FTEsal	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Mental Health Clinician, Licensed	Provides Mental Health Services		8.50		\$0
Psychiatrist	Provides Medication Support and Monitoring		1.00		\$0
These staff positions are a likely profile for	or this workplan. However, the contractor shall	propose the spe	cific staffing for this	program to best meet the	program goals.
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.00	9.50		<u>\$0</u> \$0
0. Tatal Bases 2 - 151					
C. Total Program Positions		0.00	9.50		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

# Mental Health Services Act CSS Budget Narrative

County(ies): San Diego Fiscal Year: 2007-08 Page: 9 of 9

Program Workplan #: A-7 Date: 02/28/06

Program Workplan Name: Mental Health & Primary Care Services Integration

Type of Funding: 3. Outreach and Engagement New Program/Service or Expansion: New

Line #	<u>Amount</u>	Description / Justification
A.5	\$700,000	This is a new program which will attempt to integrate mental health care with physical health care. The Council of Community Clinics has been selected as the provider for this program; however the actual contract negotiations and provider sub-contracts have not yet occurred. The estimated total expenditures were derived by calculating the average cost per client for similar fee-for-service outpatient services among existing community clinic providers times the number of clients expected to be served in the fiscal year. 5% of the program's total costs will be budgeted for ongoing Medication costs. This budget is for 12 months beginning July 1, 2007 - June 30, 2008.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
D	\$700,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.